

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

(4)

PLAINTIFF

HARRIET MENEZES

DEFENDANT

PAUL MACKINNON

COURT CASE NUMBER

04-10366 JLT

TYPE OF PROCESS

36 5/c

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

PAUL MACKINNON

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1275 K STREET NW, WASHINGTON DC 20005

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

HARRIET MENEZES

169 THOREAU ST, 8

CONCORD MA 01742

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

PAUL MACKINNON WORKS FOR  
ASSOCIATION OF FLIGHT ATTENDANTS

(202) 712-9799

Signature of Attorney or other Originator requesting service on behalf of:

Harriet Menezes

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(978) 369-4693

DATE

7-26-04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District  
of Origin

No. 38

District  
to Serve

No. 16

Signature of Authorized USMS Deputy or Clerk

Harriet Menezes

Date

7/26/04

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ed Gilman, Assoc. Counsel (Cousin)

Address (complete only if different than shown above)

7/28/04 Fwd to D/WA

Moved to 501 2nd Street 9th Flr.

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

8/9/04

Time

2:25

pm

Signature of U.S. Marshal or Deputy

M. Salcedo

Service Fee

45-

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: